

US-Request

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## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	BOTTLEWASH ADDITIVE		
Application Type: regular, utility Attorney Docket Number: E14.2-10817-US02			
Correspondence address: Customer Number: 490 *490*			
Inventors Information:  <u>Inventor 1:</u> Applicant Authority Type: Inventor Citizenship: US Family Name: Lawrence City of Residence: Inver Grove Heights State of Residence: MN Country of Residence: US Address-1 of Mailing Address: 8311 Claymore Court Address-2 of Mailing Address: City of Mailing Address: Inver Grove Heights State of Mailing Address: MN Postal Code of Mailing Address: 55076 Country of Mailing Address: US Phone: Fax: E-mail:			

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Inventor 2:

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Given Name:** Gerald  
**Family Name:** Wichmann  
**City of Residence:** Maple Grove  
**State of Residence:** MN  
**Country of Residence:** US  
**Address-1 of Mailing Address:** 9351 Dallas Lane N  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** Maple Grove  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55369  
**Country of Mailing Address:** US  
**Phone:**  
**Fax:**  
**E-mail:**

Attorney Information:

Name	Registration Number
Lisa L. Ryan-Lindquist	43071

Assignee 1:

**Organization Name:** Ecolab Inc.  
**Address-1 of Mailing Address:** 840 Sibley Memorial Highway  
**Address-2 of Mailing Address:**  
**City of Mailing Address:** St. Paul  
**State of Mailing Address:** MN  
**Postal Code of Mailing Address:** 55118  
**Country of Mailing Address:** US

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Phone:

Fax:

E-mail:

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**COPY**Inventor 2:

Applicant Authority Type: Inventor  
Citizenship: US  
Given Name: Gerald  
Family Name: Wichmann  
City of Residence: Maple Grove  
State of Residence: MN  
Country of Residence: US  
Address-1 of Mailing Address: 9351 Dallas Lane N  
Address-2 of Mailing Address:  
City of Mailing Address: Maple Grove  
State of Mailing Address: MN  
Postal Code of Mailing Address: 55369  
Country of Mailing Address: US  
Phone:  
Fax:  
E-mail:

## Attorney Information:

Name	Registration Number
Lisa L. Ryan-Lindquist	43071

Assignee 1:

Organization Name: ~~Scimed Life Systems, Inc.~~ Ecolab Inc.  
Address-1 of Mailing Address: ~~One Scimed Place~~ 840 Sibley Memorial Highway  
Address-2 of Mailing Address:  
City of Mailing Address: ~~Maple Grove~~ St. Paul  
State of Mailing Address: MN  
Postal Code of Mailing Address: ~~55331~~ 55118

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Country of Mailing Address: US

Phone:

Fax:

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